



SPEAKERS BUREAU Feedback Form



Please take a few moments to complete this form and let us know how your speaking engagement went. We are always striving to improve our program and greatly value your input.

Contact Information

Contact Name: _____

Group/Organization Name: _____

Telephone Number: _____

Visit Information

Name of Speaker: _____

Topic: _____

Date of Visit: _____

Length of Talk: _____

Type of Audience: _____

Audience Size: _____

Overall Satisfaction

Did the speaker provide visuals or handouts? Yes ☐ No ☐

Was there time for audience questions or participation? Yes ☐ No ☐

Would you host another Speakers Bureau visit? Yes ☐ No ☐

On a scale of 1 to 10 with 1 being low and 10 being high, how would you rate your overall satisfaction with this visit?

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spreading the Word

Would you recommend this speaker or invite him/her back again? Yes ☐ No ☐

Additional Information

Please provide any additional comments regarding your visit/speaker and/or how we can improve our program. _____

Are there any other speakers you would like to see? _____

Thank you for participating in our Speakers Bureau. Please return your completed Feedback Form to: City of Sanford, City Manager's Office, PO Box 1788, Sanford, FL 32772-1788 or fax it to 407-688-5002.